VOLUNTEER REGISTRATION FORM

STAFF USF

VOLUNTEER PROGRAM REGISTRATION

NORFOLK DEPARTMENT OF RECREATION, PARKS AND OPEN SPACE DIVISION OF RECREATION AND HUMAN DEVELOPMENT

PLEASE PRINT								5.741 662						
Name								PROG/CTR WORK SITE						
Address							J	OB TITL	E					
City				Zip			s	ENT	LET	TER	REC	CORDED		
SSN or Driver's License #								APPLY DATE/						
Home Number (INTERVIEW DATE/						
Date of Birth/_	/_		Femal	e	_ Male)	0	RIENTA	TION DA	TE			_	
Hobbies/Activities														
Skills/Abilities														
Medical Data														
In Case of Emergency,	Please	Contact _.												
Home Number ()						Work N	lumber <u>(</u>)						
By my signature below, I Human Development. I h may arise out of my voluproviding false information SIGNATURES (Youth aged 16 years a	ereby rele unteering. n I may be	ease the C I also use subject t	City of Norf understand to legal pro	olk, its em I that this secution o	ployees, a application on behalf o	agents, off on is subju of the City	icers, and ect to loca of Norfolk	officials fo al and na	or any and	l all injurie	s or prope	erty damaç	ge which	
Volunteer		-				-		_ Da	ite					
Site Supervisor _								Date						
VOL Coordinator								Date						
Please complete and sign	form. Su	ubmit form	to Center	Superviso	or or send	to: Admir	nistrative C	Office, 501	Boush St	reet, Norfo	olk, VA 2	23510.		
What times and days a	ire you a	vailable t	to work?	Please c	ircle all tl	nat apply								
MONTHS: JAN	FEB	MAR	APR M	AY JUN	N JUL	AUG	SEP C	OCT NO	OV DEC	;				
WEEKS: 1	2	3	4	5										
Please check all times that	at you will	be availal	ble for assi	ignments.										
TIMES	7	8	9	10	11	12	1	2	3	4	5	6	7	
Monday														

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Tuesday
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